

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2008 MAY 14 P 1:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E041 (12/07)

DOCUMENT # L05000056063

1. Limited Liability Company's Name

**A+ Personalized Instruction**

2. Principal Office Address - No P.O. Box #

23 Williams St.

Suite, Apt. #, etc.

City & State

St. Augustine

Zip

32084

Country

USA

3. Mailing Office Address

5811 Atlantic Blvd.

Suite, Apt. #, etc.

#141

City & State

Jacksonville

Zip

32207

Country

USA

4. State/Country of Formation

Florida/USA

5. Date Organized or Qualified

To Do Business in Florida 2003

6. FEI Number

8502456052

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required for a Certificate of Status

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

8. Name and Address of Current Registered Agent

Name

Courtney Williams

Street Address (P.O. Box Number is Not Acceptable)

23 Williams St.

Suite, Apt. #, Etc.

City

St. Augustine

State

FL

Zip Code

32084

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent

*Courtney Williams*  
REGISTERED AGENT MUST SIGN

Date 3-19-08

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
<del>Manager</del>	Courtney Williams	23 Williams St.	St. Augustine, FL 32084
			600121196696 05/12/08--01056--002 **277.50
			600121196696 03/25/08--01018--002 **138.75
			41625 277.50 <b>REINSTATEMENT 06-08</b> 08/25/06-90051-002-\$50.00

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager

*Courtney Williams*

Date 3-19-08

Daytime Phone # (904)687-9266

Typed or printed name of signing Managing Member/Manager